

# OAKLAND HOUSING AUTHORITY

## Section 3 Employment Referral Form

| CONTACT INFORMATION – TO BE COMPLETED BY RESIDENTS           |  |   |  |   |
|--|--|---|--|---|
| Name: _____  |  |   |  |   |
| Please indicate if you are a tenant of:                      | Address: _____ City: _____   |   |  |   |
| Public Housing: <input type="checkbox"/>                     | State: _____ Zip: _____ Phone Number: _____ Cell Phone: _____  |   |  |   |
| Section 8: <input type="checkbox"/>                          | Email: _____   |   |  |   |
| Other: <input type="checkbox"/>                              |  |   |  |   |
| EDUCATION  |  |   |  |   |
| GED <input type="checkbox"/>                                 | High School Diploma <input type="checkbox"/>   | Post High School <input type="checkbox"/> | Associates Degree <input type="checkbox"/> | Trade/Training Certificate <input type="checkbox"/> |
| College Credits <input type="checkbox"/>                     | Professional License <input type="checkbox"/>  | Higher Education <input type="checkbox"/> | Bachelor's Degree <input type="checkbox"/> |   |
| WORK EXPERIENCE  |  |   |  |   |
| Culinary Arts <input type="checkbox"/>                       | Customer Service <input type="checkbox"/>  | Healthcare <input type="checkbox"/>       | Transportation <input type="checkbox"/>    | Administrative/Office <input type="checkbox"/>      |
| Retail <input type="checkbox"/>                              | Facilities <input type="checkbox"/>  | Accounting <input type="checkbox"/>       | Education <input type="checkbox"/>         | Maintenance Mechanic <input type="checkbox"/>       |
| Painter <input type="checkbox"/>                             | Janitorial/Cleaning <input type="checkbox"/>   | Landscape <input type="checkbox"/>        | Plumbing <input type="checkbox"/>          | Project Management <input type="checkbox"/>         |
| Coordinator <input type="checkbox"/>                         | Floor Layer <input type="checkbox"/>   | Maintenance <input type="checkbox"/>      | Counseling <input type="checkbox"/>        | Construction/Trade <input type="checkbox"/>         |
| Other: specify _____   |  |   |  |   |
| COMPUTER SKILLS  |  |   |  |   |
| Microsoft Word <input type="checkbox"/>                      | Microsoft Publisher <input type="checkbox"/>   | PowerPoint <input type="checkbox"/>       | Microsoft Excel <input type="checkbox"/>   | Microsoft Outlook s <input type="checkbox"/>        |
| Microsoft Access <input type="checkbox"/>                    | Internet Research <input type="checkbox"/>   | Web Design <input type="checkbox"/>       | Web Programming <input type="checkbox"/>   | Typing ( _____wpm) <input type="checkbox"/>         |
| PLEASE ANSWER THE FOLLOWING:                                 |  |   |  |   |
|  | Yes  | No  |  |   |
| Are you 16 – 18 years of age (Youth Build/Special Programs)? | □  | □   |  |   |
| Are you 18+ years of age?                                    | □  | □   |  |   |
| Have you ever been convicted of a violation of the law?      | □  | □   |  |   |
| Are you willing to take a drug screening?                    | □  | □   |  |   |
| Are you able to lift 70 lbs. repetitively?                   | □  | □   |  |   |
| Do you have 10 years verifiable employment/school history?   | □  | □   |  |   |
| Do you possess a valid driver license or State ID?           | □  | □   |  |   |
| <b>STRENGTHS:</b>  |  |   |  |   |
| <b>PLEASE DESCRIBE ANY OTHER SKILLS:</b>                     |  |   |  |   |
| <b>RELEASE OF INFORMATION:</b>                               | <p>I hereby authorize the Oakland Housing Authority to release this information to Section 3 Contractors for employment opportunities in connection with the Section 3 Employment Referral Form with the Oakland Housing Authority. I understand that the Oakland Housing Authority staff will regard as confidential and privileged any information released to them, and will use said information for the sole purpose of assisting me with obtaining employment opportunities with the Section 3 Contractors of the Oakland Housing Authority.</p> |   |  |   |
|  | Name: _____  | Date: _____                               |  |   |
|  | Signature: _____   | Staff Signature: _____                    |  |   |

**Please fold and return to the address on the opposite side.**

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**ATTN: FSS DEPARTMENT  
OAKLAND HOUSING AUTHORITY  
1805 HARRISON STREET  
OAKLAND, CA 94612**